Ontario Naloxone Program
Ministry of Health and Long-Term Care

Quarterly Reporting Form

Organization Name:		ONP NL Number:	can be filled in after export	Fiscal Quarter:	
Contact Person:	can be filled in after export	Email:	can be filled in after export	Tel:	can be filled in after export

Key Outcomes for the Quarter(s) Selected

Outcomes	ONP Site	Community Health Centre	Aboriginal Health Access Centre	AIDS Service Organization	Outreach Program	Withdrawal Management Program	Consumption and Treatment Service	Shelter	Overdose Prevention Site	Police Service	Fire Service	St. John's Ambulance	Emergency Department

Nasal Spray Naloxone

	ONP Site	CHC	AHAC	AIDS	Outreach	Withdrawal	Consumption	Shelter	OPS	Police	Fire	St. John's	ED
Number of trainings given to individuals to administer nasal spray naloxone										(shaded)	(shaded)	(shaded)	
Number of nasal spray naloxone kits distributed to individuals										(shaded)	(shaded)	(shaded)	

Number of individuals who reported administering or receiving naloxone, including how many doses were given per administration

Doses	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)
1	1	1	1	1	1	1	(shaded)	1		1	1	1
2	2	2	2	2	2	2	(shaded)	2		2	2	2
3	3	3	3	3	3	3	(shaded)	3		3	3	3
4	4	4	4	4	4	4	(shaded)	4		4	4	4
5	5	5	5	5	5	5	(shaded)	5		5	5	5

Number of restock requests, including number of sprays provided at each restock

Note: this question refers to situations in which an individual receives nasal sprays only, instead of receiving a new kit

Restock / Spray(s)	Restock / Spray(s)	Restock / Spray(s)	Restock / Spray(s)	Restock / Spray(s)	Restock / Spray(s)	Restock / Spray(s)	Restock / Spray(s)	Restock / Spray(s)
1	1	1	1	1	1	(shaded)	1	
2	2	2	2	2	2	(shaded)	2	
3	3	3	3	3	3	(shaded)	3	
4	4	4	4	4	4	(shaded)	4	
5	5	5	5	5	5	(shaded)	5	

Injectable Naloxone

	ONP Site	CHC	AHAC	AIDS	Outreach	Withdrawal	Consumption	Shelter	OPS	Police	Fire	St. John's	ED
Number of individuals trained to administer injectable naloxone										(shaded)	(shaded)	(shaded)	
Number of injectable naloxone kits distributed to individuals										(shaded)	(shaded)	(shaded)	

Number of individuals who reported administering or receiving naloxone, including how many doses were given per administration

Doses	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)	Ind(s) / Dose(s)
1	1	1	1	1	1	1	(shaded)	1		1	1	1
2	2	2	2	2	2	2	(shaded)	2		2	2	2
3	3	3	3	3	3	3	(shaded)	3		3	3	3
4	4	4	4	4	4	4	(shaded)	4		4	4	4
5	5	5	5	5	5	5	(shaded)	5		5	5	5

Number of restock requests, including number of injectable vials provided at each restock

Note: this question refers to situations in which an individual receives injectable vials only, instead of receiving a new kit

Restock / Vials(s)	Restock / Vials(s)	Restock / Vials(s)	Restock / Vials(s)	Restock / Vials(s)	Restock / Vials(s)	Restock / Vials(s)	Restock / Vials(s)	Restock / Vials(s)
1	1	1	1	1	1	(shaded)	1	
2	2	2	2	2	2	(shaded)	2	
3	3	3	3	3	3	(shaded)	3	
4	4	4	4	4	4	(shaded)	4	
5	5	5	5	5	5	(shaded)	5	

| Number of times that 911 was called when naloxone was administered (nasal spray and injectable naloxone) | | | | | | | | | | | | | |

Please provide any additional information that you feel is pertinent for the ministry to know about, including anecdotal trends and reports:

Information about drug trends in your community	can be filled in after export
A need for naloxone in your community that is not being filled	can be filled in after export

Due Dates

Q1 (Apr - Jun) Jul 15	Q2 (Jul - Sep) Oct 15	Q3 (Oct - Dec) Jan 15	Q4 (Jan - Mar) Apr 15

Email the reporting form to ONP@ontario.ca